Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2011 Elections

	Delbert Hosemann SECRETARY OF STATE	
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Telephone Office Sought Political Party **Email Address** Check here if above is different from previous report May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011) Mandatory June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011) Mandatory July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011) Mandatory July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011) **Primary Candidates** August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011) Runoff Candidates Only October 10, 2011 Periodic Report (July 1, 2011, through September 30, 2011) Mandatory November 1, 2011 Pre-Election Report (October 1, 2011, through October 29, 2011) Mandatory November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011) **Runoff Candidates Only** January 10, 2012 Periodic Report (October 1, 2011, through December 31, 2011) Mandatory Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code
 Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-Itemized = This Period Calendar Year-To-Date

Total amount of contributions \$ 500 UV +\$ 1400 \$ 900 \$ 7350

Total amount of disbursements \$ +\$ 164,60 \$ 1691.60 \$ 583,84

Total amount of cash on hand \$ 73,798.83

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Penalties: Failure to aubmit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate	COMMittee to Re-Eloct			JANC MUNIV	
Reporting period	October 1	2011	through	Prensir	3/201
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ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name M S Medicar PAC Mailing Address	- to 111 11	\$ 500.0
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address	- [[, [\$
City, State, Zip Code		\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name.		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ [
O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
uli name		\$
Mailing Address		\$
City, State, Zlp Code		\$ [
lame of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$